

SERIAL NUMBER 09/156,276	FILING DATE 09/17/98	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. STSC/10
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APPLICANT ROHIT C. L. SACHDEVA, PLANO, TX; PETRUS A. BESSELINK, ENSCHEDE, NETHERLANDS.

****CONTINUING DOMESTIC DATA*******
 VERIFIED THIS APPLN IS A CON OF 08/804,018 02/21/97 PAT 5,885,258
 PROVISIONAL APPLICATION NO. 60/012,220 02/23/96
CHK

****371 (NAT'L STAGE) DATA*******
 VERIFIED
CHK none

****FOREIGN APPLICATIONS*******
 VERIFIED
CHK none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/01/98 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
Verified and Acknowledged <i>CHK</i> Examiner's Initials _____ Initials _____					

ADDRESS GREGORY F AHRENS
WOOD HERRON & EVANS
2700 CAREW TOWER
CINCINNATI OH 45202

TITLE MEDICAL INSTRUMENT WITH SLOTTED MEMORY METAL TUBE

FILING FEE RECEIVED \$460	FEES: Authority has been given In Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9838

SERIAL NUMBER 09/156,276	FILING DATE 09/17/1998 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. STSC/10
APPLICANTS ROHIT C. L. SACHDEVA, PLANO, TX; PETRUS A. BESSELINK, ENSCHEDE, NETHERLANDS;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/804,018 02/21/1997 PAT 5,885,258 AND CLAIMS BENEFIT OF 60/012,220 02/23/1996				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 10/01/1998				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 12
INDEPENDENT CLAIMS 1				
ADDRESS KRISTI L. DAVIDSON WOOD, HERRON & EVANS, L.L.P. 2700 CAREW TOWER 441 VINE STREET CINCINNATI, OH 45202-2917				
TITLE MEDICAL INSTRUMENT WITH SLOTTED MEMORY METAL TUBE				
FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	